PERSONAL RECORDS OF MEMEBERS OF THE ADA COLLEGE OF EDUCATION

(TEACHING AND NON – TEACHING PERSONNEL)

FULL NAME: ..... REGD. NO: .....
(BLOCK CAPITALS, SURNAME FIRST)
DATE OF BIRTH: ..... DATE OF APPOINTMENT & GRADE: .....
..... DATE CONFIRMED: .....
NATIONALITY: ..... STAFF NUMBER: .....
HOMETOWN AND ADDRESS: .....
.....
NEXT OF KIN: ..... REALTIONSHIP: .....
MARITAL STATUS (***Whether: Married, Single, Divorced, Widowed)***: .....
CHILDREN'S NAME AND BIRTH DATES:

1. ..... 2. .....
3. ..... 4. .....
5. ..... 6. .....

LANGUAGE(S) SPOKEN:

1. ..... 2. ..... 3. .....

ACADEMIC QUALIFICATION(S):

LEVEL	SUBJECT PASSED	YEAR

PROFESSIONAL QUALIFICATION(S):

COURSE	INSTITUTION	FROM	TO	DATE OF AWARD OF CERTIFICATE

PROMOTIONS:

KIND OF PROMOTION	EFFECTIVE DATE	SALARY SCALE	POINT OF ENTRY

ADDRESS OF PRESENT STATION: .....

PRESENT SALARY: .....

- ***IF NAME WAS EVER BEEN CHANGED PLEASED STATE***

FORMER NAME	EFFECTIVE DATE	SALARY SCALE	POINT OF ENTRY

PARTICULARS OF EMPLOYMENT/ POSITION SINCE LEAVING SCHOOL/COLLEGE (***Indicate where appropriate. With dates, any break or discontinuation of service, e.g., study leave/maternity leave, sick leave, resignation/dismissal/suspension, etc.)***

S/N	PARTICULARS OF EMPLOYMENT/POSITIONS	FROM	TO	REMARKS WITH DATES
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

I, ... certify that the information given on this form is correct.

.....
SIGNATURE OF TEACHER/OFFICER

NOTE: * ***Complete where applicable***

.....
SIGNATURE OF DIRECTORS/
ASSISTANT DIRECTOR/LOCAL HEAD